

ASSESSING THE PRE-IMPLEMENTATION CONTEXT IN A TRIPLE P COMMUNITY ROLL-OUT

MARIE-HÉLÈNE GAGNÉ, U. LAVAL

EMILIE CHAREST, U. LAVAL

SONIA DALY, UQAM

DISCUSSANT: CATHERINE M. LEE, U. OTTAWA

18e Helping Families Change Conference

Banff, Canada, 3-5 February 2016

WHY FOCUS ON PRE-IMPLEMENTATION?

In implementation science, most models emphasize the importance of assessing the context in which a programme will be implemented, in order to:

- (1) Inform the process of implementing this programme (increase capacity)
- (2) better understand its future implementation process and, ultimately, its effects on population and clientele.

QUALITY IMPLEMENTATION FRAMEWORK (QIF) .

(MEYERS ET AL., 2012)

Self-Assessment Strategies

- Conducting a Needs and Resources Assessment
- Conducting a Fit Assessment
- Conducting a Capacity/Readiness Assessment

Decisions about Adaptation

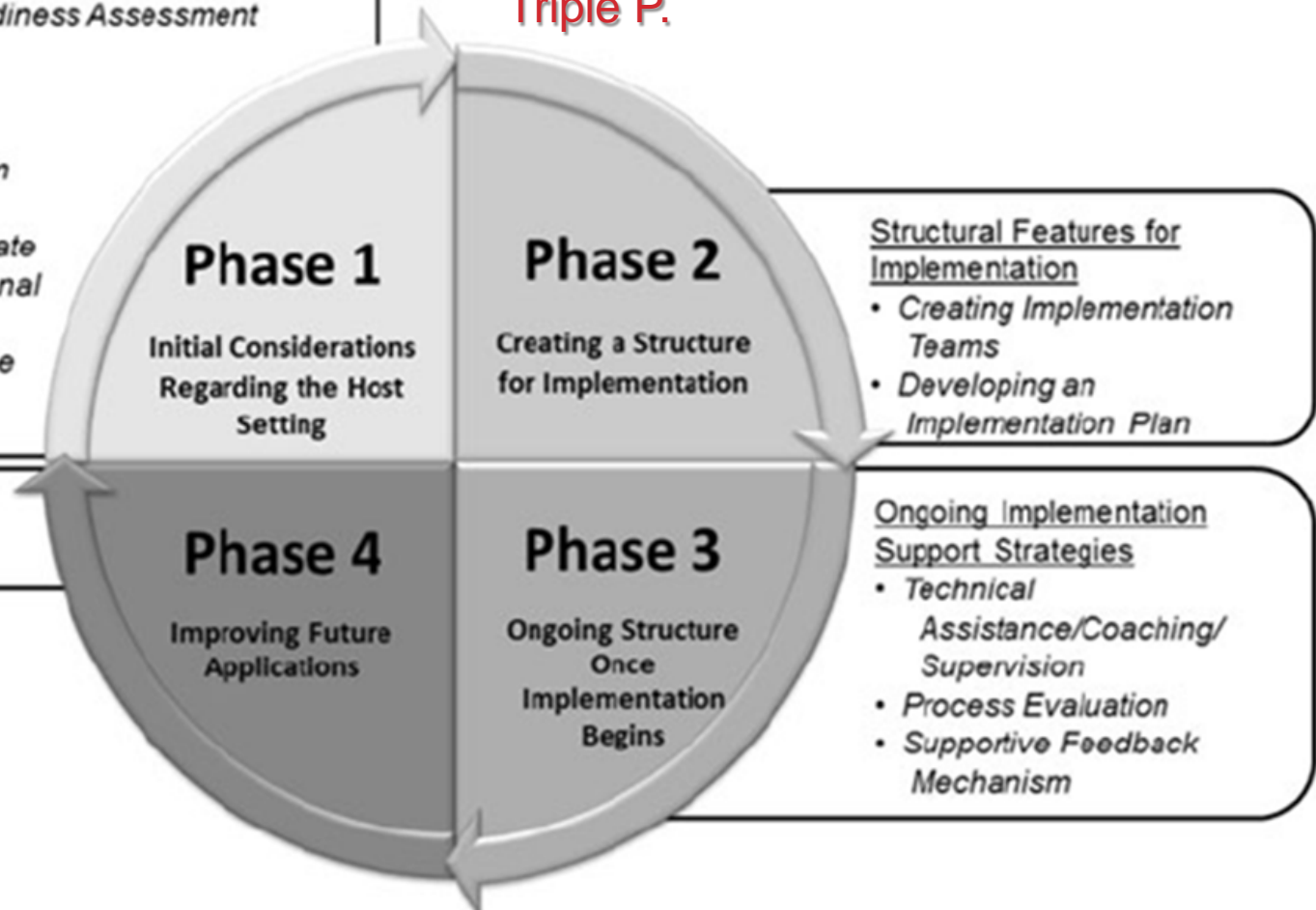
- Possibility for Adaptation

Capacity-Building Strategies

- Obtaining Explicit Buy-in from Critical Stakeholders & Fostering a Supportive Climate
- Building General/Organizational Capacity
- Staff recruitment/maintenance
- Effective Pre-Innovation Staff Training

- Learning from Experience

Focus on these types of assessments prior to implementing Triple P.



PLAN OF SYMPOSIUM

1st presentation: Child maltreatment, family violence, and readiness to address these issues

2nd presentation: Service providers' initial perspectives on Triple P (their initial « positioning »)

3rd presentation: Partnership and collaboration between partners

Discussion

TRIPLE P IN QUÉBEC IS :

1. A university-community **partnership**
2. A **community approach** to program implementation and evaluation
3. An original **marketing campaign**
4. An evaluative **research program**



TRIPLE P IN QUÉBEC: A UNIVERSITY-COMMUNITY PARTNERSHIP

Project direction:

Partnership Chair in Child Maltreatment Prevention (Gagné, U. Laval)

MISSION: « Develop, implement and evaluate a multi-level preventive intervention strategy primarily oriented towards parents, designed to prevent violent and negligent parenting behaviors towards their children and replace them with positive parenting practices »

Members:

9 researchers from 6 universities + students

28 community partners at the provincial, regional, and local levels

Coordination team: chair (1), research (2), and community (2)

96 (2014) + 21 (2015) trained Triple P service providers(most of them accredited)



Child welfare,
primary social
care, community
organizations,
child daycare,
schools

TRIPLE P IN QUÉBEC: A COMMUNITY APPROACH



Two sites (health services center catchment areas)

- one in Montréal (Mercier-Est/Anjou)
- one in the Québec City suburbs and surroundings (Orléans)

Chosen because:

1. Large population of children and families on the territory
2. Vulnerability of this population:
 - high proportion of the 0 to 17 year-old living under the low-income threshold, AND / OR
 - high rate of child maltreatment cases reported to CPS

All five levels of Triple P are being implemented

- Local marketing campaign, Seminars, Brief Triple P, Primary Care, Group, Pathways

TRIPLE P IN QUEBEC: AN ORIGINAL MARKETING CAMPAIGN LAUNCHED FEBRUARY 2015

website:
www.parentspositifs.ca



Flyer and posters



TRIPLE P IN QUEBEC: GENERAL RESEARCH DESIGN

*2 experimental
Triple P
territories:*

Mercier-
est /
Anjou

Orléans

*4 matched
comparison
territories:*

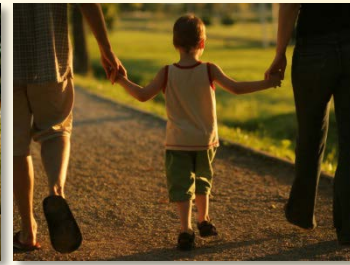
- Rosemont
- Trois-Rivières

- Jacques-Cartier
- Saguenay

**Two « trios » of
matched territories
according to:**

1. Size of 0-17 year-old population
2. Rate of CPS reports
3. Proportion of children under low-income threshold

Chaire de partenariat
en prévention de la
maltraitance



PREVALENCE OF CHILD MALTREATMENT AND FAMILY VIOLENCE IN TARGETED COMMUNITIES, AND READINESS TO ADDRESS THESE ISSUES

Marie-Hélène Gagné, U. Laval

Marie-Ève Clément, UQO

Liesette Brunson, UQAM

Flora Thomas, U. Laval

EXPERIMENTAL TERRITORIES:

HIGH PREVALENCE OF CHILD ABUSE & NEGLECT (CPS RECORDS)

	Population	Population 0-17 year-old	Poverty 0-17 ans (%)	CPS reports 0-17 ans (‰)*	Immigrant families (%)
Orléans	114 808	20 833	7,2	45,5	N.D.
Mercier-est / Anjou	84 460	15 025	23,3	35,1	25,6

** neglect, physical abuse, psychological maltreatment (including exposure to domestic violence), sexual abuse*

2 QUESTIONS:

1. Beyond CPS records, what is the **prevalence of psychologically and physically violent parental behaviours** towards children in targeted communities?
2. Are targeted communities **ready** to implement an evidence-based programme in order to **prevent violence, abuse and neglect** ?

SELECTED FINDINGS FROM 2 SURVEYS:

TELEPHONE SURVEY (2014)

- **Mothers / maternal figures** of 0-8 year-old children
- 6 territories
- **N = 2501**
- Response rate: 45.1%
- Family violence, parenting, and child behaviour

Data weighted according to:

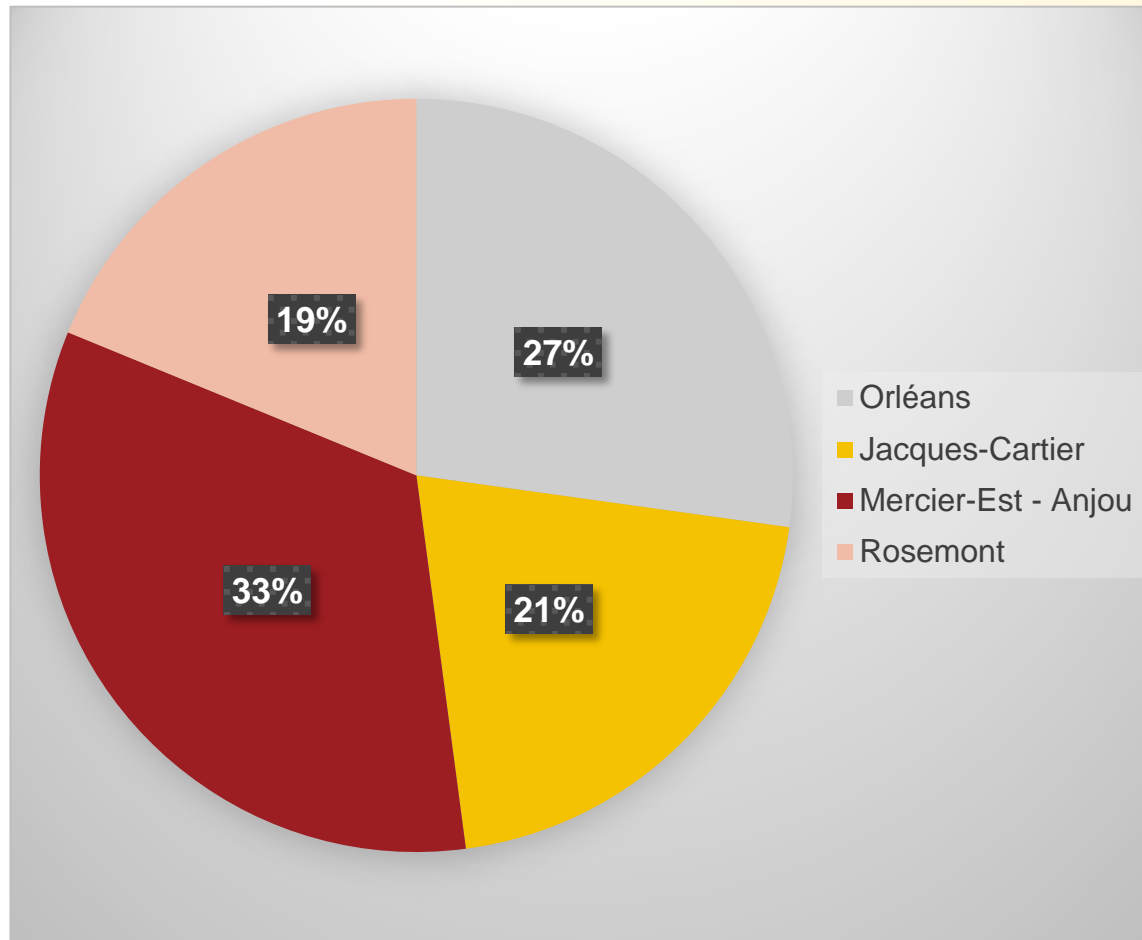
- Number of children 0-8 year-old in household
- Territory of residence
- Child's age and sex

MAIL SURVEY (2013)

- **Service providers** and their **supervisors**
- 4 territories
- **N = 276** (35 organizations)
- Response rate: 46.9%
- Community readiness in preventing child maltreatment, and existing resources

MAIL SURVEY

SAMPLE DISTRIBUTION



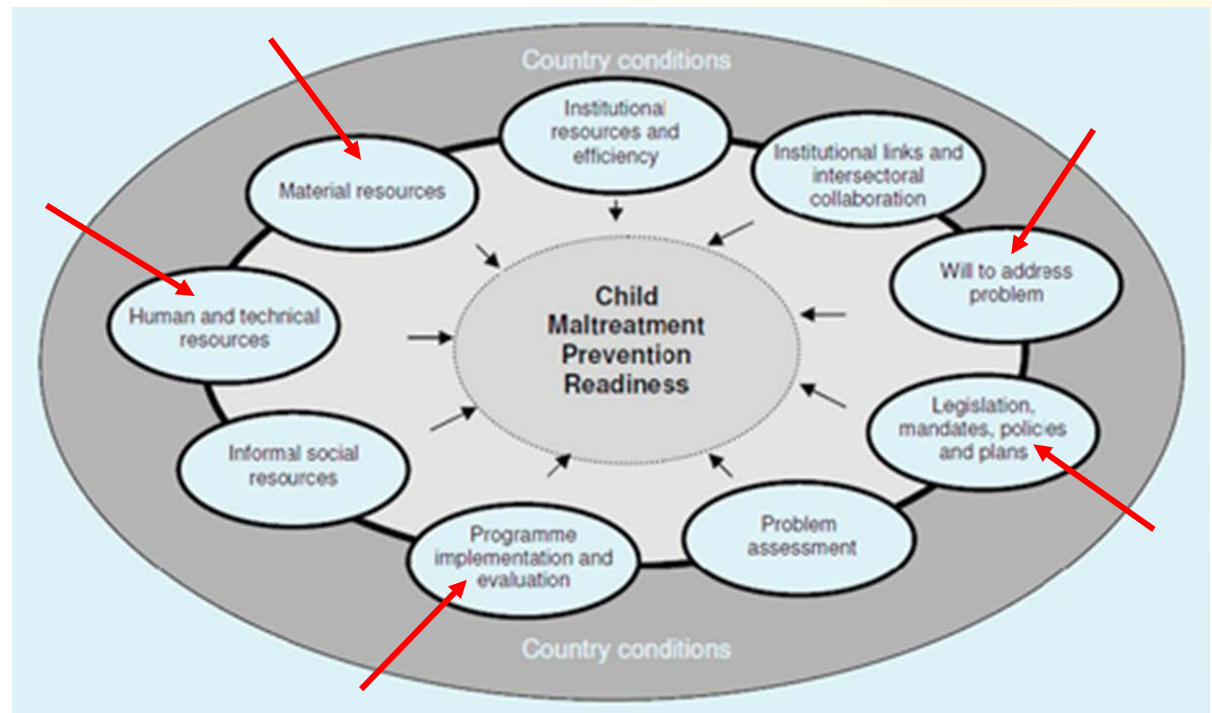
READINESS ASSESSMENT FOR THE PREVENTION OF CHILD MALTREATMENT (RAP-CM)

Developed by the World Health Organization:

- Primarily for developing countries... adapted for our purpose

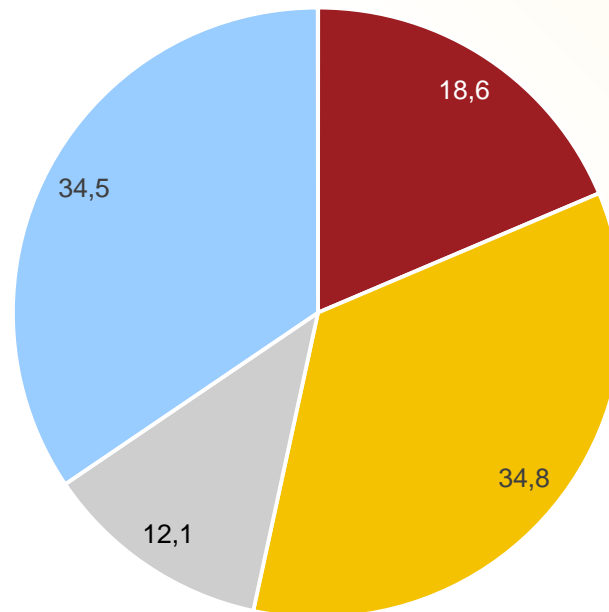
Assesses how “ready” a country, province, or community is to implement evidence-based child maltreatment prevention programmes on a large scale.

Based on a **10-dimensional model** of readiness for child maltreatment prevention:



PRIORITY OF CHILD MALTREATMENT

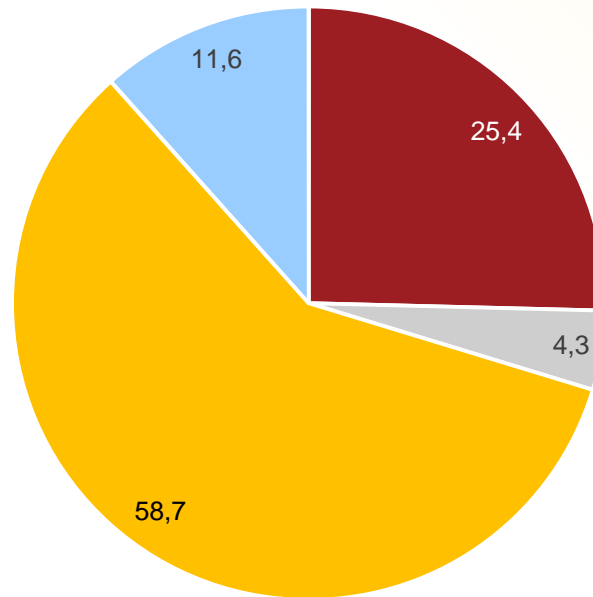
In [community], compared to other health and social problems, how much of a **priority** is child maltreatment prevention ?



■ High priority ■ Moderate priority ■ Low priority ■ Don't know

ADEQUACY OF CURRENT PREVENTIVE MEASURES

Do you think that **measures taken so far** to prevent child maltreatment in [community] have been **adequate**?



■ Adequate ■ Inadequate ■ Neutral ■ Unanswered

OTHER QUESTIONS WERE ASKED ABOUT...

Legislations, mandates and policies on child maltreatment prevention:

- governmental or non-governmental agencies **officially mandated** ?
- existing **official policy or policies** ?

Will to address the problem of child maltreatment:

- **political leaders** ?
- **communication efforts** ?

Material and human resources for child maltreatment prevention:

- **dedicated budgets**?
- **specialized professionals** in adequate number for large-scale implementation of prevention programmes?

WHAT WE FOUND:

1. « I don't know », or « It is not clear »

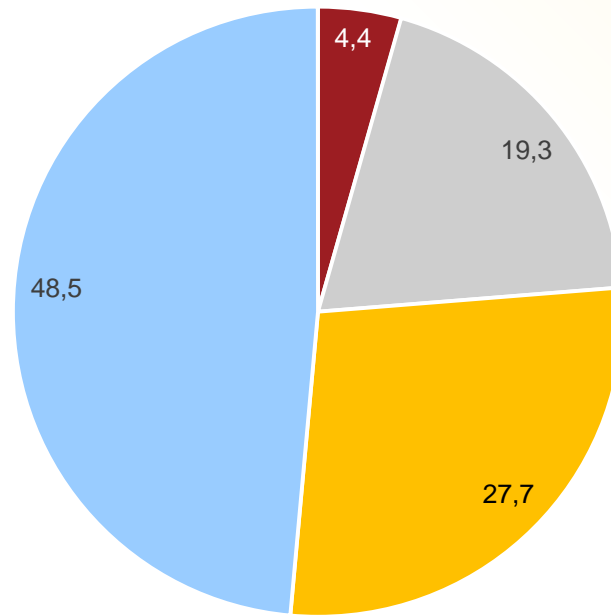
- depending on the question, **one to three quarters of the sample** could not answer the question, or had no opinion

2. Respondents who had an answer / opinion were mostly critical :

- Insufficient budget, specialized staff, and communication efforts

FOR EXAMPLE: LEADERSHIP

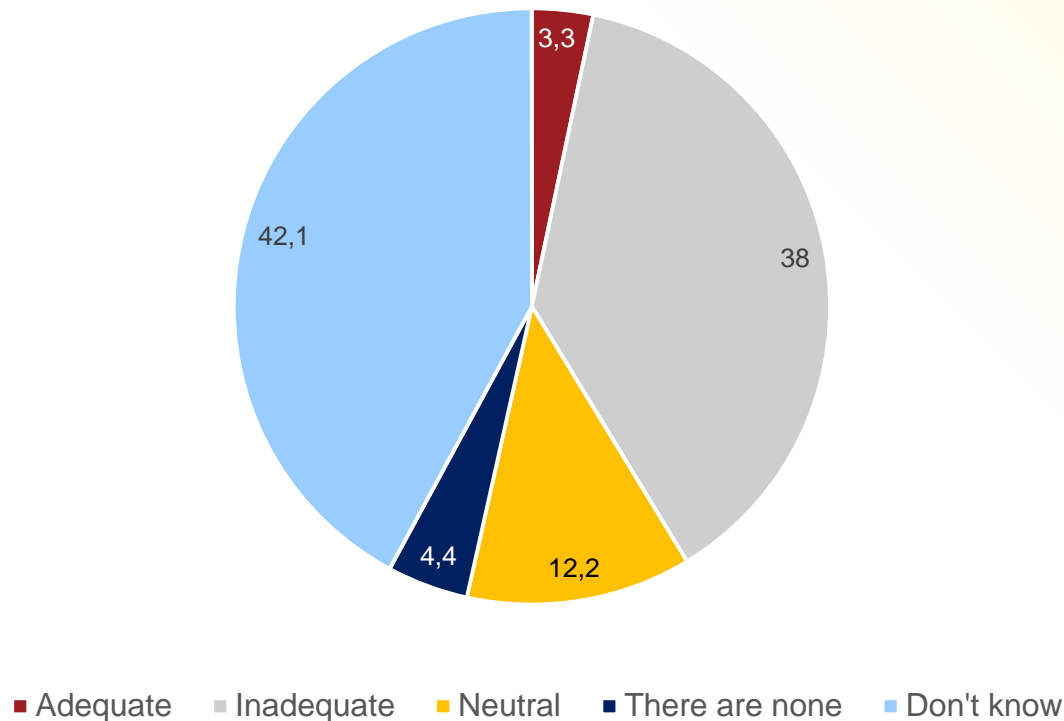
In [community], are there **political leaders** who express strong commitment to the issue of child maltreatment and are taking effective measures to address the problem?



■ Yes ■ No ■ Not clear ■ Don't know

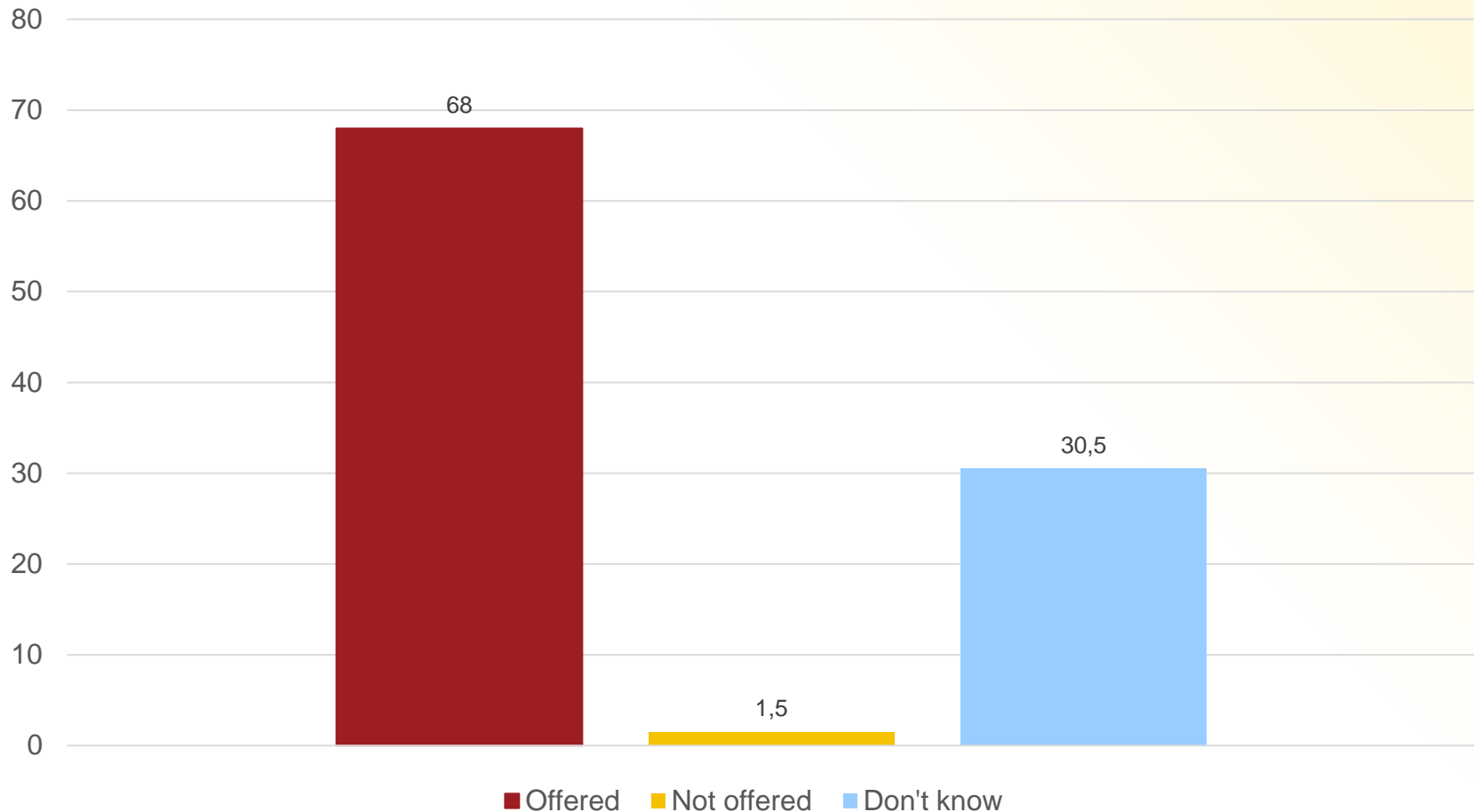
FOR EXAMPLE: HUMAN RESOURCES

Overall in [community], do you think the number of **professionals specializing in child maltreatment prevention** is adequate for the large-scale implementation of child maltreatment prevention programmes?

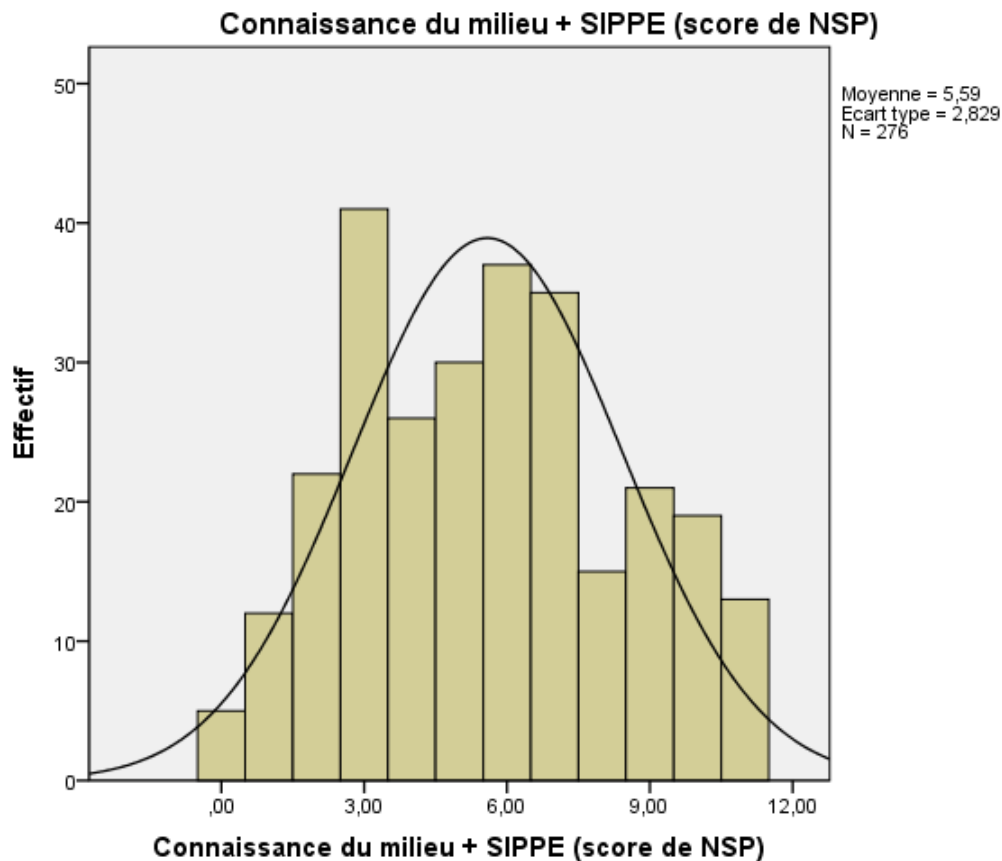


USE OF EB PARENTING PROGRAMMES

To your knowledge, is the *SIPPE* – « *family support* » programme **currently offered** on your territory?



CONCLUSION: WE KNOW LITTLE OF OUR ENVIRONMENT...



No significant difference between territories, nor between managers and practitioners.

Respondents from child daycare centres (« CPE ») have less extensive knowledge of community resources in child maltreatment prevention, compared to respondents from social services (governmental or non-governmental).

TELEPHONE SURVEY: RESPONDENTS' CHARACTERISTICS

Most respondents:

- Were between 30-39 year-old (65,3%)
- Have been to university, with or without diploma (54,4%)
- Are in the labour market (84,3%)
- Report a family income of 75 000\$ or more (55,3%) and consider this sufficient (92,8%)

83,8% of children live with both parents (*biological or adoptive*)

Vulnerable families underrepresented?

QUESTIONNAIRE

Parental violent behaviours

- Psychological aggression
- Minor physical violence
- Severe physical violence



Parent-Child Conflict Tactics Scales (Quebec adaptation)

Child problems

- Emotional symptoms
- Conduct problems
- Hyperactivity / inattention



Strengths and Difficulties questionnaire

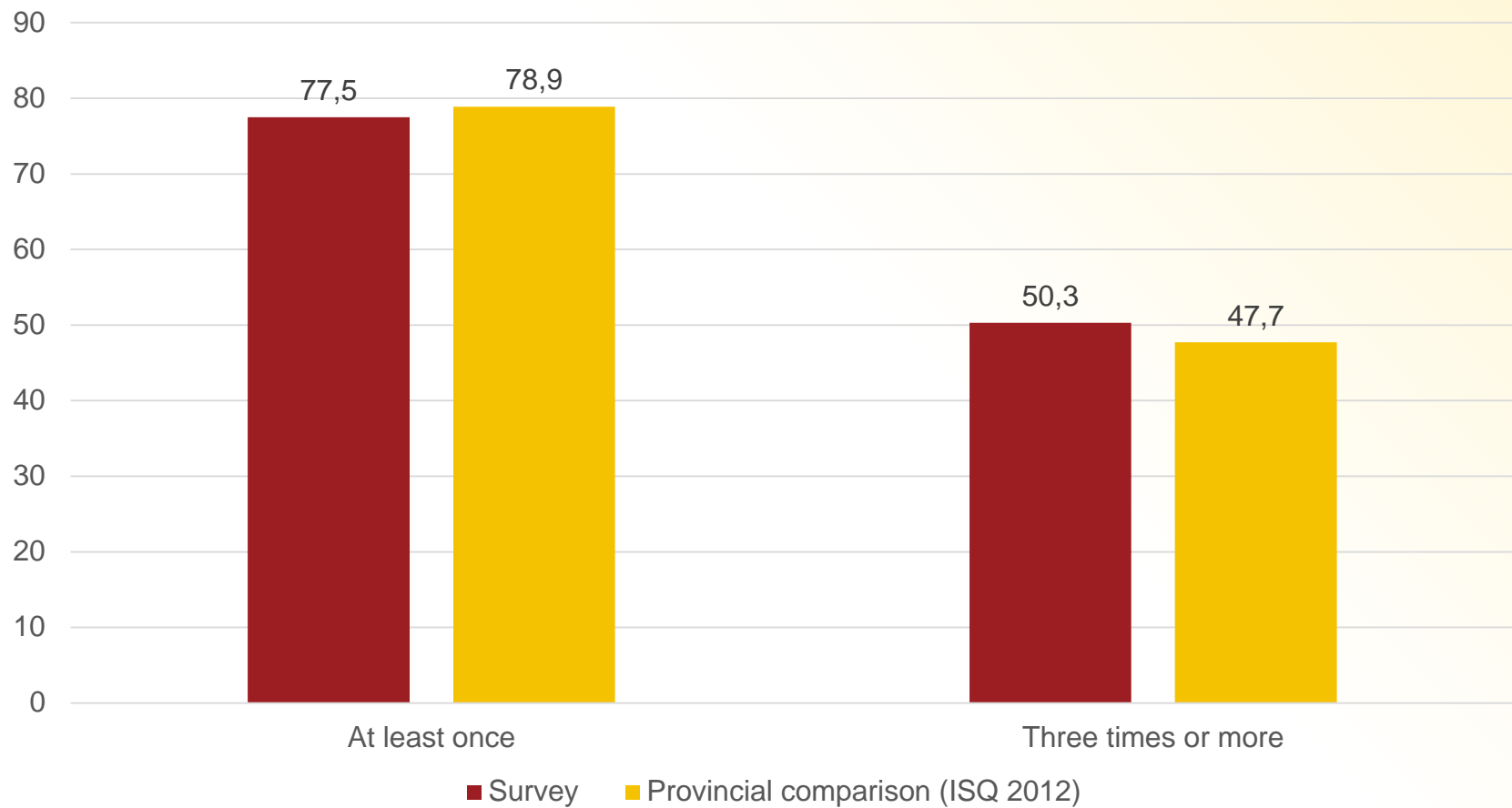
Parental attitudes

Help seeking in parenting

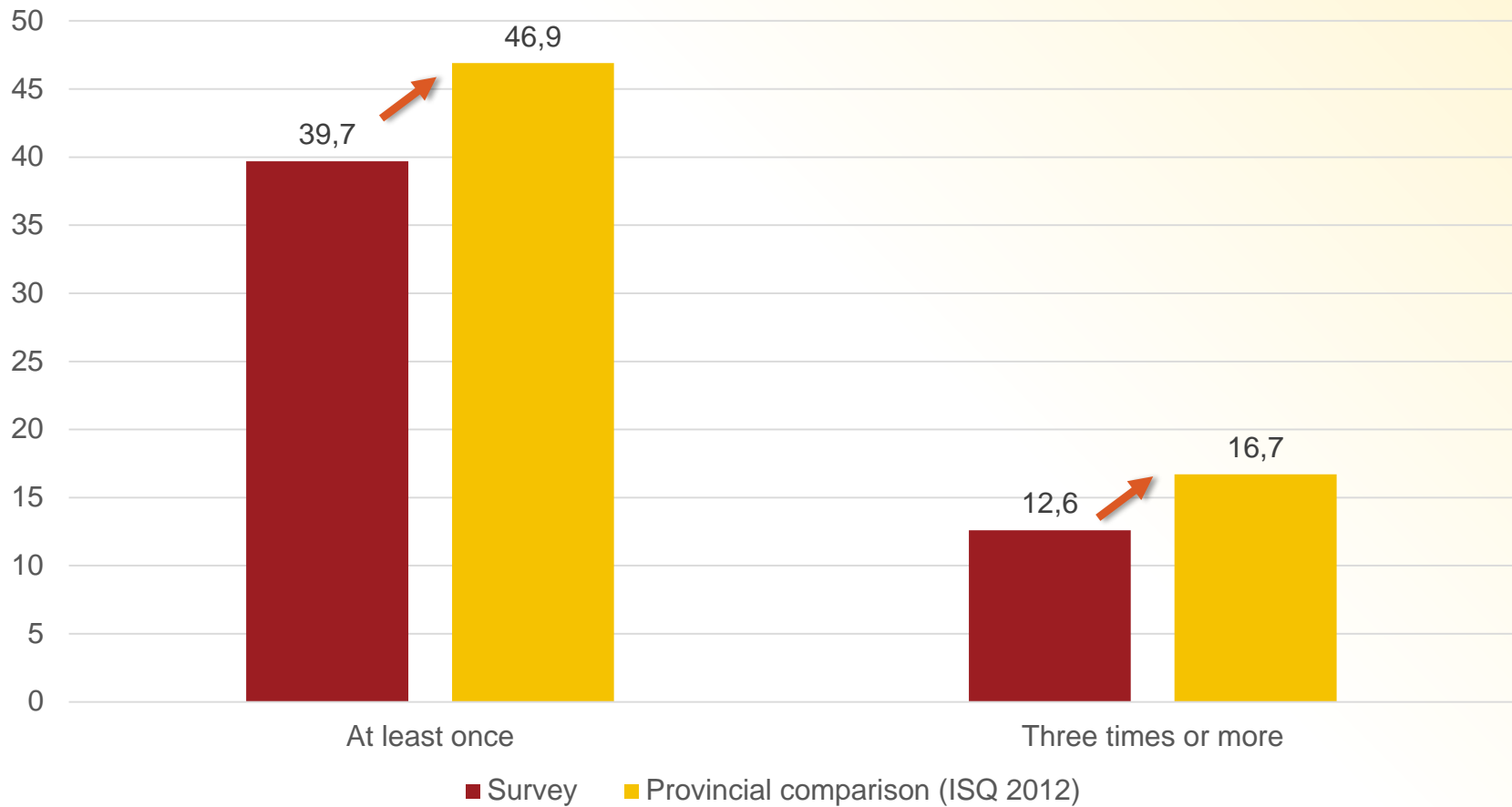


Various questions from previous surveys or developed for the present survey

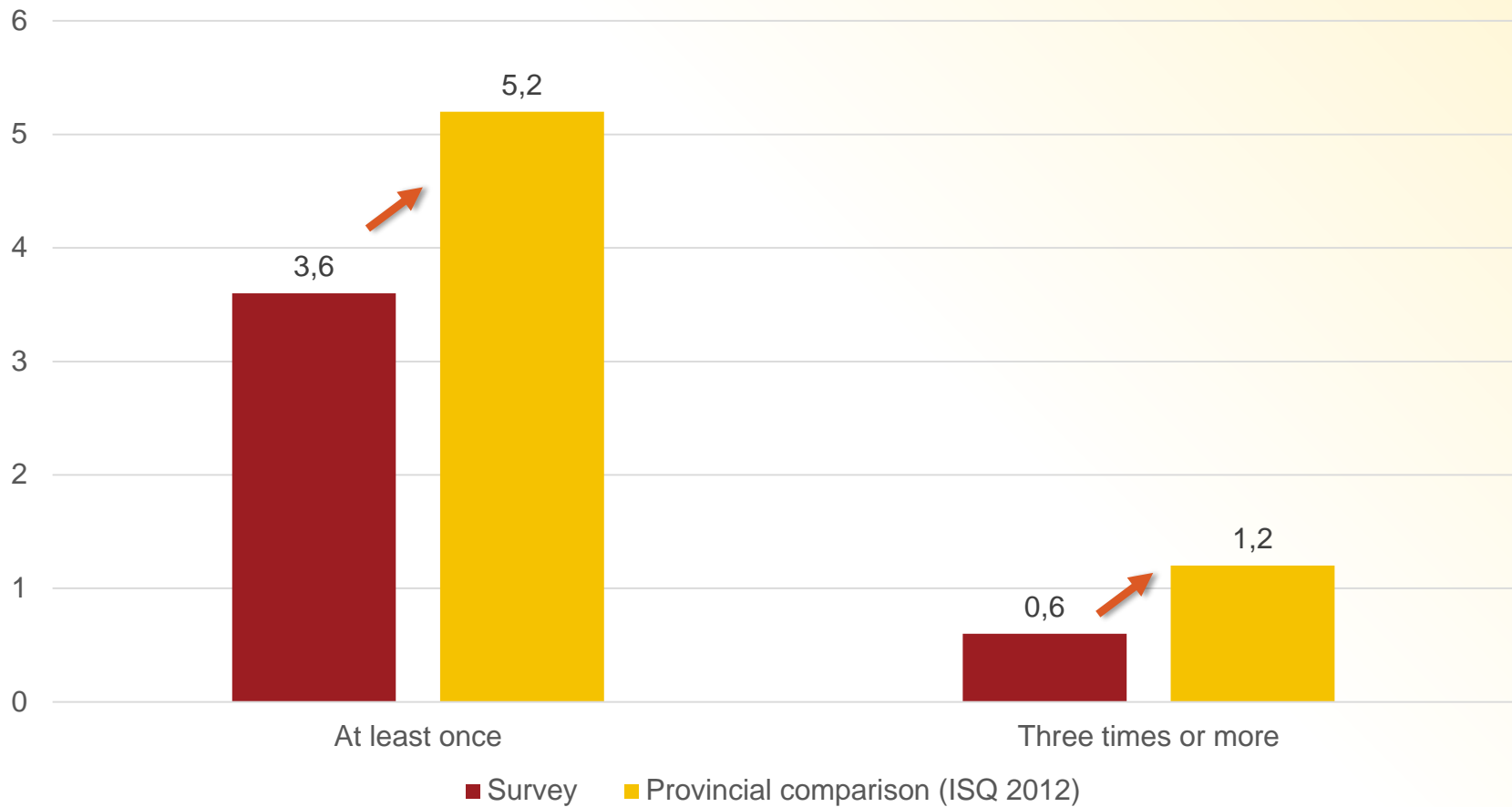
PREVALENCE OF PSYCHOLOGICAL AGGRESSION (%)



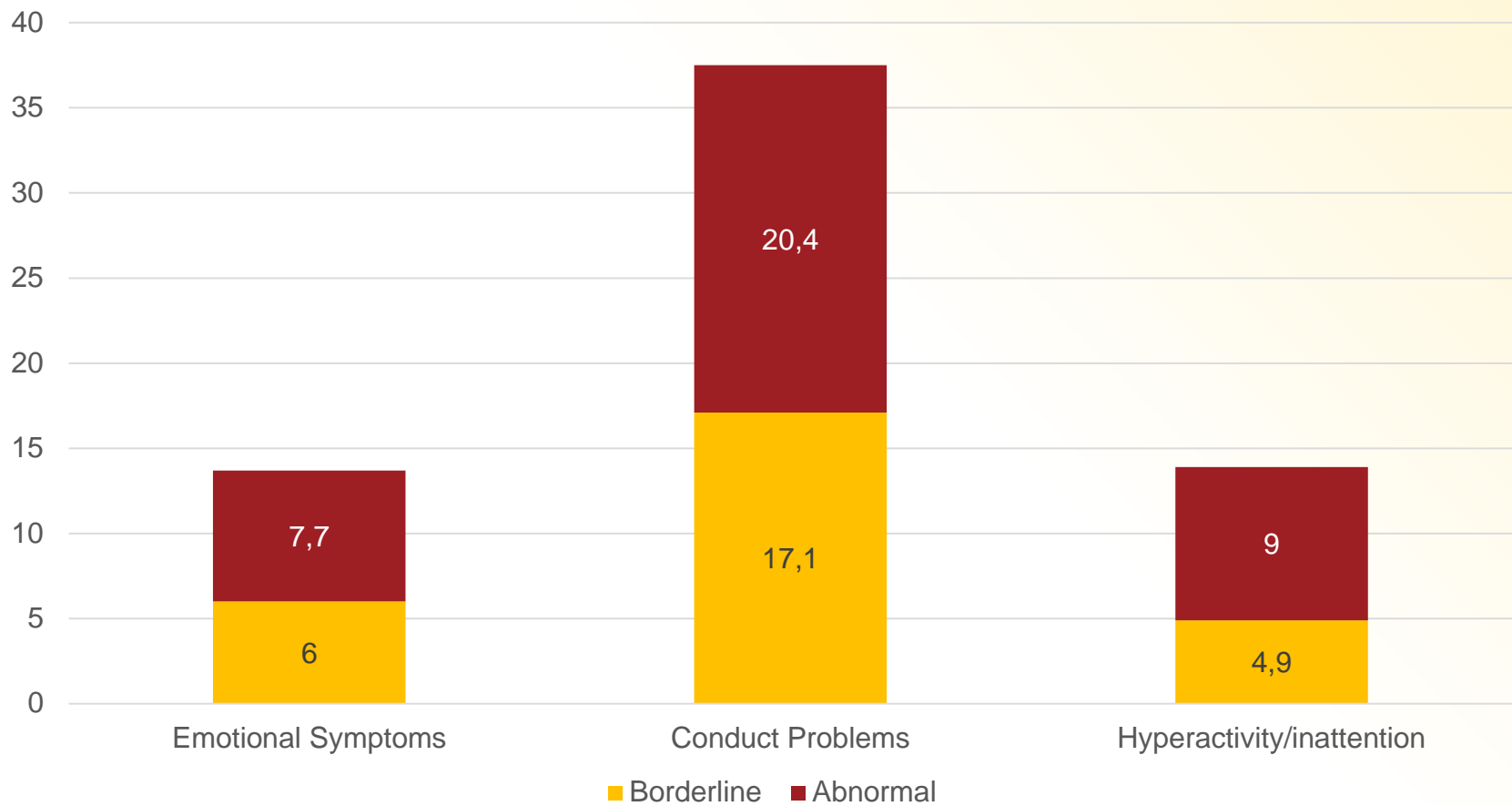
PREVALENCE OF MINOR PHYSICAL VIOLENCE (%)



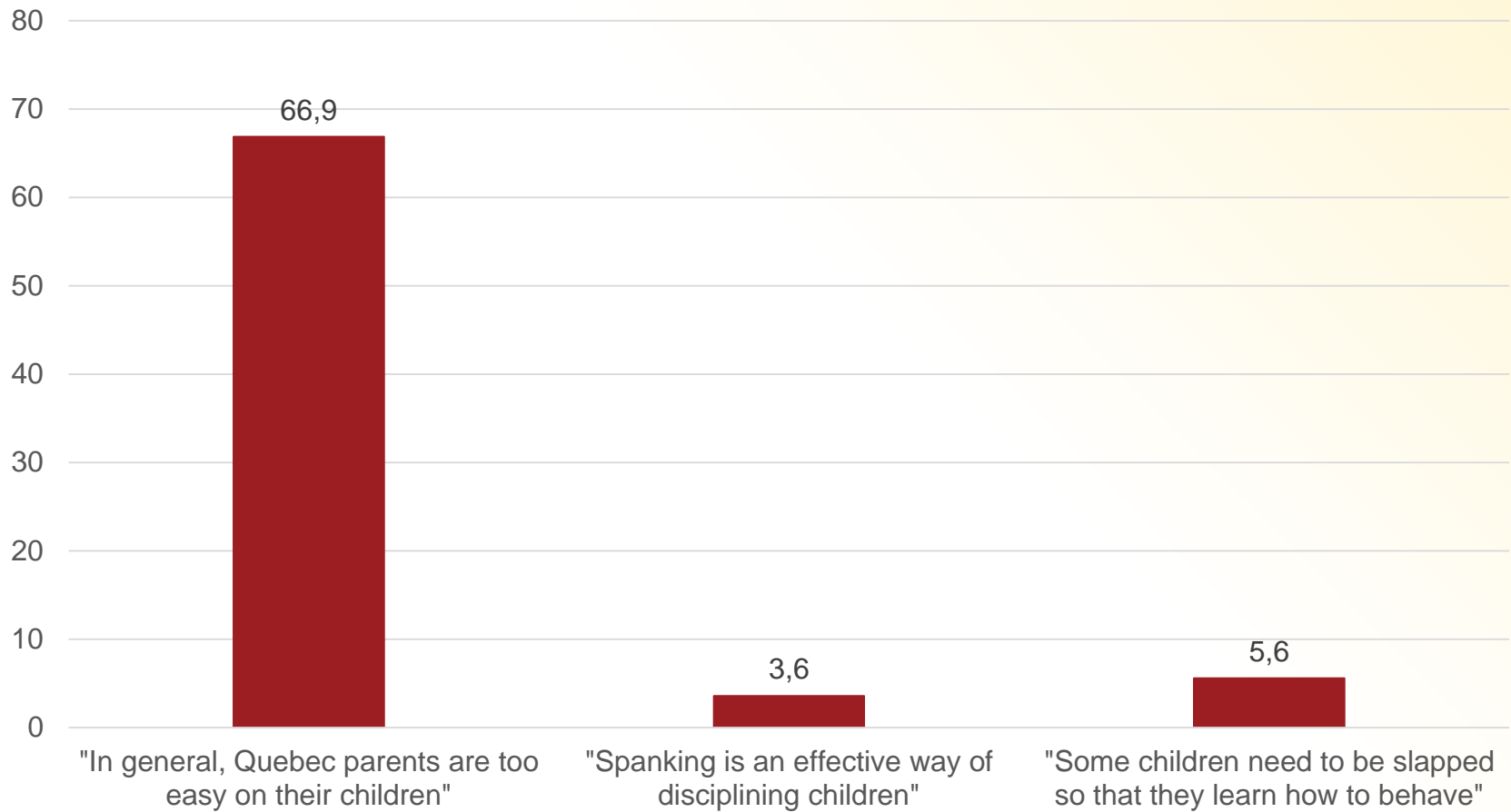
PREVALENCE OF SEVERE PHYSICAL VIOLENCE (%)



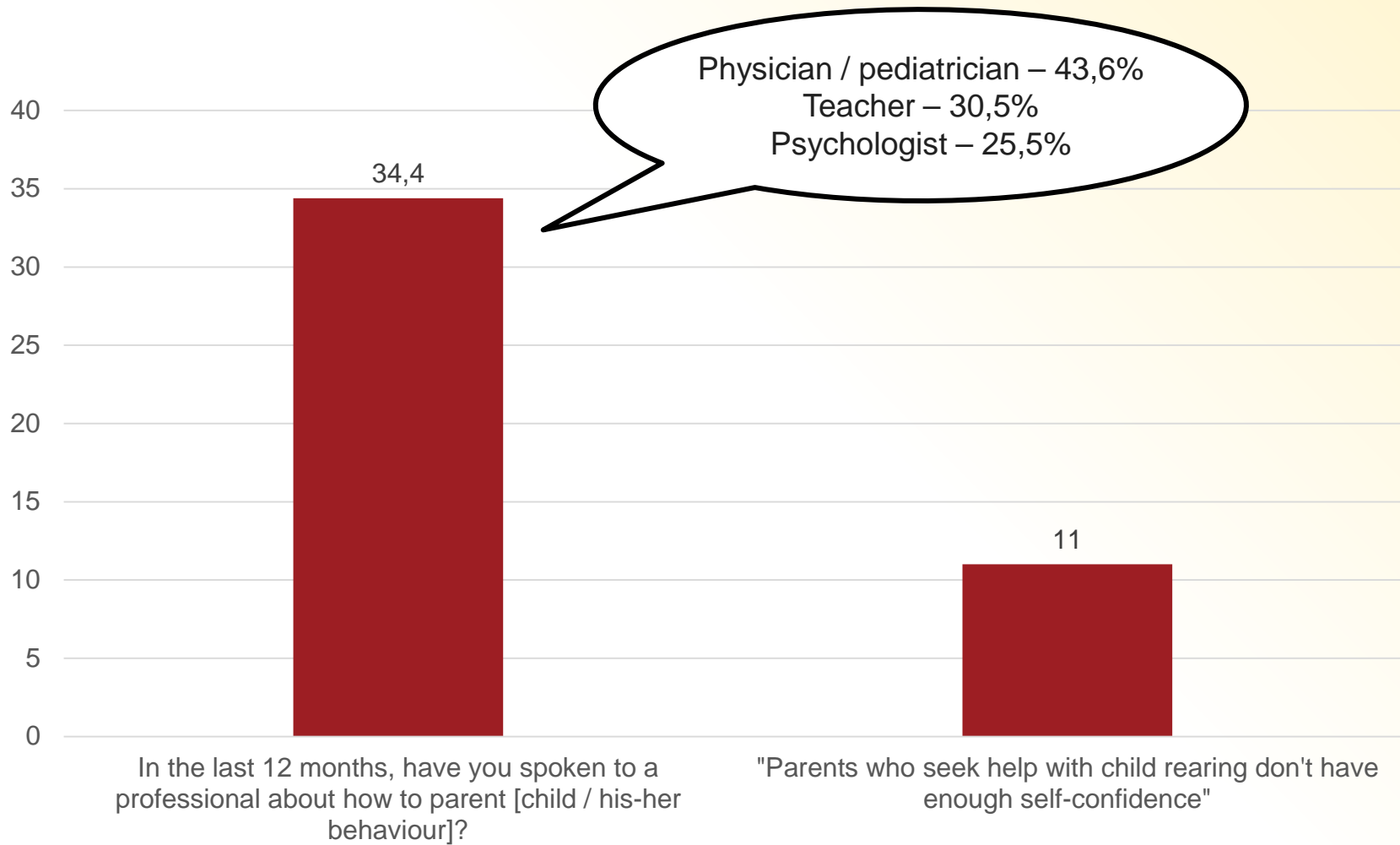
CHILD BEHAVIOUR (%)



ATTITUDES (% AGREEMENT)



HELP SEEKING (%)



CONCLUSION: FAMILY VIOLENCE TOWARDS CHILDREN, AND ASSOCIATED PARENTING AND CHILD VARIABLES, ARE REALITIES IN OUR COMMUNITIES

PARENTS NEED:

- Social recognition of the challenge of parenting
- To be supported without being stigmatized
- Learning positive discipline



Triple P !

COMMUNITIES NEED:

- Stakeholders more aware of their environment's resources
 - rest on what they do well to integrate new practices, and get better !
- Strong and committed leaders
- Leverage (\$\$\$, expertise, training...)
- To lean on:
 - clear mandates and policies
 - relevant, available information

Chaire de partenariat
en prévention de la
maltraitance

THANK YOU

MARIE-HELENE.GAGNE@PSY.ULAAVAL.CA

www.chaire-maltraitance.ulaval.ca

